

Application #: _____
HPC Recommendation: _____
HPC Chair Signature: _____
City Manager's Decision: _____
City Manager's Signature: _____

Facade Improvement Grant Program Spring 2010

Application for Consideration for Grant Funding

Please complete the following information, attach design plans or sketches, and return to Seth Laughlin, City of Greenville, Community Development Department, P.O. Box 7207, Greenville, NC 27835 by **June 3, 2010**.

All selected proposals must meet City Code requirements and the Facade Improvement Design Guidelines (the Secretary of the Interior's Standards for Rehabilitation of Historic Buildings and the Construction Methods and Materials of the Department of Planning and Community Development). Technical advice is available from the State Historic Preservation Office, Eastern Office of the North Carolina Division of Archives and History. The office is located in the historic Robert Lee Humber House, 117 W. 5th St., Jr., Drive, Greenville, North Carolina. Please call (252) 830-6580 in advance for an appointment.

The staff of the Community Development Department will review applications for the selection of grant recipients. The City of Greenville will notify applicant of approval or denial of the application by mid-June. If the application is approved, an agreement between the applicant and the City must be signed BEFORE any work begins.

Grant will be disbursed after completion of work, submittal of cost documentation and inspection of the facade.

General Information

1. Applicant's Name _____

Applicant's Address _____

Street Address of property _____

2. Applicant must be property owner or tenant. If application is not by property owner, the owner must give consent and sign application.

Is this application:

_____ by property owner; _____ by business owner; _____ other?

3. Property Owner Name _____

Property Owner Address _____

Property Owner Phone # _____

4. Business Owner Name _____

Business Owner Address _____

Business Owner Phone # _____

5. Business Name _____

Business Mailing Address _____

Business Phone # _____

6. Type of Tenancy:

_____ Own _____ Rent _____ Lease _____ Other (If so, explain.) _____

7. Length of time at this location _____

Length of lease term remaining (if applicable) _____

Building Characteristics

8. Exterior wall construction:

_____ Masonry _____ Frame _____ Other (If so, explain.) _____

9. Number of stories _____. What are the functions of the stories above street level?

10. Occupancy of street level floor:

____ Fully Occupied ____ Partially Occupied ____ Vacant

11. Present use of street level floor:

____ Retail Only ____ Storage Only ____ Mixed ____ Office

____ Other (if so, explain) _____

12. What type of exterior improvements are to be made? Please describe in detail. (Attach additional sheets or additional drawings if necessary).

Please make a check mark next to the improvements you will be making and give us the estimated cost of each one. Attach copies of two professional cost estimates.

1.	Painting exterior	_____	\$ _____
2.	Cleaning exterior	_____	\$ _____
3.	Redesign or restructure of exterior	_____	\$ _____
4.	Signage	_____	\$ _____
5.	Window repair/replacement	_____	\$ _____
6.	Remove and/or install awning	_____	\$ _____
7.	Other (explain below)	_____	\$ _____

13. Total estimated cost of your improvements \$_____.

14. Did you or your authorized agent attend the Pre-Grant Workshops on May 3, 2010?

Yes No (Please circle one.)

I acknowledge that the City of Greenville is obligated only to administer the grant procedures and is not liable to the applicant, owner or third parties for any obligations or claims of any nature growing out, or arising out of, the project or application undertaken by the applicant and/or owner. There is no principal/agent or employer/employee relationship between the City of Greenville and the applicant and/or owner.

I acknowledge that this application must be accepted and all prerequisite rules and regulations must be complied with before any rights insure to the applicant/owner.

I have attached project plans and specifications or other appropriate design documentation.

I understand that the incentive grant must be used only for the project described in this application.

Signatures

Applicant

Date

Owner (if different from above)

Date

THE VENDOR WILL NOT BE SETUP UNLESS ALL INFORMATION REQUESTED ON THIS FORM IS COMPLETED.



NEW VENDOR REQUEST

CITY OF GREENVILLE, NC
FINANCIAL SERVICES/PURCHASING
P.O. BOX 7207
200 W. Fifth Street
GREENVILLE, NC 27835
Telephone: 252-329-4439

Please Type or Print Legibly (IF THIS IS A PROCUREMENT CARD VENDOR-DO NOT REQUEST NEW VENDOR NUMBER IF THEY WILL BE USED LESS THAN 3 TIMES)

Federal ID#	SS#	Vendor#
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Vendor Name	Date
-------------	------

REMIT ADDRESS	
STREET	
STREET	
CITY	
STATE	ZIP CODE *****The City of Greenville is NOT TAX EXEMPT *****

CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER
YEAR ESTABLISHED	TERMS	DISCOUNT
W-9 Received _____		
Receipt of W-9 Required		

Please check if this Vendor is providing a service to the City. ☐
If checked, please indicate what type of service?

Signature of Dept/Division requesting vendor to be added: _____

Please complete the following ownership status information: See Page 3 for more information

- | | |
|---|--|
| <input type="checkbox"/> African American Business Enterprise | <input type="checkbox"/> American Indian Business Enterprise |
| <input type="checkbox"/> Asian American Business Enterprise | <input type="checkbox"/> Disabled Business Enterprise |
| <input type="checkbox"/> Latino Business Enterprise | <input type="checkbox"/> Socially & Economically Disadvantaged |
| <input type="checkbox"/> Woman Business Enterprise | <input type="checkbox"/> Disadvantaged Business Enterprise |
| <input type="checkbox"/> Non-Minority | |

Please Mark the Certifying Agency ☐ NC Office for Historically Underutilized Business (HUB Office)
(Please attach copy of current Certification Letter, if applicable) ☐ NC Department of Transportation (NCDOT)
☐ Self-Certified (no current 3rd party certification)

THE FORM ATTACHED BELOW MUST BE COMPLETED BY VENDOR AND SUBMITTED WITH NEW VENDOR FORM BEFORE THE VENDOR WILL BE SETUP. IF THIS INFORMATION IS NOT PROVIDED, THE VENDOR CAN NOT BE USED BY THE CITY.

Vendor Name: _____

Vendor Address: Street: _____

City: _____ State: _____ Zip Code: _____

Vendor Phone Number: _____

Vendor Email Address: _____

Name of Bank: _____

Bank Address: Street: _____

City: _____ State: _____ Zip Code: _____

Bank Account Number: _____

Bank Routing Number: _____

(Routing number for automatic payment to your account.

Please contact your bank to obtain the correct routing number).

(Signature)

(Date)

Ownership Status: Frequently Asked Questions

Denisha Harris, M-WBE Coordinator – (252) 329-4862

What is ownership status?

Ownership status is a designation used to identify the minority status of the individual(s) or, in the case of corporations, stock holders who own and control a business. Ownership is determined by a margin of **51%**.

Why does the City need this information?

It is the policy of the City of Greenville to provide minorities and women equal opportunity for participating in all aspects of the City's contracting and procurement programs, including but not limited to, construction projects, supplies and materials purchase, and professional and personal service. The City of Greenville is requesting ownership status information to accurately report the participation of minorities in contracting and procurement. Data gathered is for information purposes only and will not affect your business with the City.

Do I have to be certified?

According to NC General Statute 143-128.4, as of July 1, 2009, all firms who wish to do business *as a minority* must be certified by the NC Department of Historically Underutilized Businesses (HUB Office). Federally funded NC Department of Transportation (NCDOT) projects require certification by NC DOT. However, you do not have to be certified simply to do business.

How do I become certified?

If you would like to become certified, visit the NC HUB Office website at <http://www.doa.state.nc.us/hub/> or contact M/WBE Coordinator Denisha Harris at 252.328.4862.

DESCRIPTION	DEFINITION
African American	A person having origins in any of the black racial groups in Africa
American Indian	A person having origins in any of the original peoples of North America
Asian American	A person having origins in any of the original peoples of the Far East, Southeast Asia and Asia, the Indian Subcontinent or the Pacific Islands
Disabled	A person with a disability as defined in G.S. 168.1 or G.S. 168A-3
Disadvantaged	A small, independent business that is at least 51% owned by one or more socially or economically disadvantaged individuals. At least one of these owners must control the firm's management and daily operations, and the owners must share in the risks and profits commensurate with their ownership interest. (NCDOT)
Hispanic or Latino	A person of Spanish or Portuguese culture with origins in Mexico, South or Central America, or the Caribbean Islands, regardless of race
Socially and Economically Disadvantaged	A person eligible as defined in 15 U.S.C. 637. Individuals are those who have been subjected to racial or ethnic prejudice or cultural bias without regard to their qualities as individuals, and whose abilities to compete are impaired because of diminished opportunities to obtain capital and credit. (NC HUB)
Woman	White Female (Non-Minority)
None	White Male (Non-Minority)

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
OR
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
 3. I am a U.S. citizen or other U.S. person (defined below).
- Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,